

# Volunteerism in Palliative Care: A Study on Motivation of Palliative Care Volunteers in Calicut District, Kerala

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## ABSTRACT

Palliative care is the active total care of the patients and their families by multi professional team at a time when the patient's disease is no long responsive to curative treatment and life expectancy is relatively short. Volunteering involves community time and energy to provide a service that highlights someone, society or the community without expecting financial and material rewards. Now a days the terminally ill patients are increasing day by day but our state is not fully equipped to provide effective services to those suffered through the governmental machinery. The volunteers are increasingly being relief up on to provide home based care people living with terminal illness. Especially the pain and palliative care society formed in Calicut and followed to 37 palliative clinics functioning under the society. Yet it is not clear what motivates people to volunteer as care givers. The enquiry into this motivates will bring out an insight to improve the program and to reduce attention among volunteers. This research Intends to assess the motivation of palliative care volunteers in Kozhikode district. research design of the study is descriptive in nature and information collected from the volunteers who are associated with different palliative care units in Calicut district of Kerala. Researcher selected 50 samples from 10 palliative care units by using simple random sampling techniques. The result of the study shows that majority of the volunteers working in different units are belonging to younger adults and most of them were males. This study clearly shows that the volunteers are motivated intrinsically and not showing any persuasion behind their volunteerism.

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**KEYWORDS:** Volunteerism, Palliative care, Motivation

## INTRODUCTION

Palliative care is an urgent humanitarian need worldwide for people with cancer and other chronic fatal disease. Palliative care, also called comfort care is primarily directed at providing relief to a terminally ill person through management. The goal is not cure, but provides comfort and maintains the highest possible quality of life for as long as life remains.

Palliative Care, 'SanthwanaParicharanam' (in Malayalam) is an attempt to provide a quality life to the patients suffering from long term, bed-ridden and terminal diseases like Cancer, AIDS, Paraplegia, Quadriplegia, Muscular Dystrophy, Thalassemia, Cerebral Palsy etc., and also for perennial accident victims. This endeavor is to discharge the social responsibility of conveying our concern, love and care towards our fellow human beings who are in need of some kind of solace or a helping hand to cope up with their progressing terminal diseases.

Palliative care (WHO, 2002a) is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment, and treatment of

pain and other problems – physical, psychosocial and spiritual.

The word palliative care is derived from the Latin word 'pallium' meaning a cloak of cover. In palliative care the symptoms are locked with treatment to promote the comfort of the patients.

Modern palliative care has its origin in the opening of St. Christopher's Hospice in London in 1967. The goal of palliative care is the achieve the best possible quality of life for the patient and their families, and this means that to symptom control is not an end in itself, but must be inextricably associated with rehabilitation and continuity of care in order to maximize the potential of every patient.

Pain and palliative care society, Calicut is a registered charitable society established in September 1993, is an organization of medical professionals and volunteers dedicated to the prevention of suffering among patients and families. The society endeavors to popularize the concept of Palliative Care in this part of the world.

The Society has been supporting an outpatient clinic at the Calicut Medical College for patients with incurable conditions like cancer, AIDS and chronic pain since 1994.

Patients attending the clinic get treated medically for their physical ailments; their emotional and psychological problems also attended to in an atmosphere of love and care. All medicines are given to patients free of cost. Over the years PPCS have managed to keep expanding their services by not compromising their quality of care.

Institute of Palliative medicine was inaugurated at Calicut on January 21st, 2003, admission of patients and training programs only began by July 14th, 2003. The Institute of Palliative Medicine is the Training and Research arm of Pain and Palliative Care Society, which is the World Health Organization's Demonstration Project in Palliative Care for the Developing World. The organization is now supporting a wide network of 150 interlinked Palliative Care Centers in Kerala. Palliative care affirms life and regards dying as a normal process, neither hastens nor postpones death, provides relief from pain and other distressing symptoms, integrates the psychological and the spiritual aspects of care, offers a support system to help patients live as actively as possible until death, offers a support system to help the family cope during the patient's illness and in their own bereavement (World Health Organization, 1990).

In general terms, volunteering is the practice of people working on behalf of others or a particular cause without payment for their time and services. Volunteering is generally considered an altruistic activity, intended to promote good or improve human quality of life, but people also volunteer for their own skill development, to meet others, to make contacts for possible employment, to have fun, and a variety of other reasons that could be considered self-serving. In this study volunteer is a person who voluntarily become a member is any of the palliative care society. In this study volunteers are specially trained in the area of palliative care, and they are works under the pain and palliative care society, Calicut in one year experience. Volunteer is a person who performs a service willingly and without pay. The role of volunteers in palliative care is well documented (Azeez, 2013; 2014; 2015a; 2015b; Azeez & Anbuselvi, 2019; Azeez & Anbuselvi, 2021).

Volunteer home-based cares have been shown to confront considerable but unique challenges. First, the majority of volunteers are unemployed and not remunerated, yet they use their own meagre resources to help their patient (Brinkhoff et al. 2001; Akintola 2008). Second, volunteer caregivers devote considerable time to care work, with a substantial proportion working full-time, sometimes 7 days a week (Akintola 2008).

Volunteering as an opportunity to learn caring skills or to put their own skills to used, for personal growth and to attract good things to themselves. People volunteer for a wide variety of reasons, especially wanting to help others. But it's also ok to want some benefits for yourself from

volunteering. Some people are uncomfortable with the notion that a volunteer "benefits" from doing volunteer work. There is a long tradition of seeing volunteering as a form of charity, based on altruism and selflessness. The best volunteering does involve the desire to serve others, but this does not exclude other motivations, as well.

The purpose of study researcher was to investigate why people becoming volunteer. In this study the researcher enquires into the socio-demographic people, and motivation factors of volunteer to continue in the field. The researcher was genuinely interested why too much of volunteers take a part in palliative care management

## BACKGROUND OF THE STUDY

Volunteering involves community time and energy to provide a service that highlights someone, society or the community without expecting financial and material rewards. Now a days the terminally ill patients are increasing day by day but our state is not fully equipped to provide effective services to those suffered through the governmental machinery. The volunteers are increasingly being relief up on to provide home based care people living with terminal illness. Especially the pain and palliative care society formed in Calicut and followed to 37 palliative clinics functioning under the society. Yet it is not clear what motivates people to volunteer as care givers. The enquiry into this motivates will bring out an insight to improve the program and to reduce attention among volunteers. The scope of the study information about volunteer motivation could help care organizations plan recruitment messages, recruit appropriate volunteer and assist them to satisfy their motives. This could reduce resentment and attrition among volunteers and improve Programme sustainability. The findings have implications for home-based care policies and programs, suggesting the need to rethink current models using non-stipend.

## METHODS AND MATERIALS

The research design of the study is descriptive in nature. The investigation in the present study tries to describe the socio demographic profile of the respondent and motivation factors among voluntarism. The universe of the study is all the volunteers associated with the Pain and Palliative Care Society in Kozhikode district. In this study sample size is limited to 50. the sampling technique used in the study is simple random sampling. In first phase researcher identified the 37 palliative care units. Out of this focusing simple random sampling researcher select 10 palliative care units. In the second phase research selected 5 respondents each from the unit through sample random method. The primary data is collected directly from the palliative care volunteers in Kozhikode district. secondary data is collected from the available literature, related studies, case reports, various publications and journals

## RESULTS

Results classified in to two sections, Section A represent the socio-demographic data of respondent and the section B represent the motivation factors of the respondents.

### AGE WISE DISTRIBUTION OF RESPONDENTS

SL No	Age	Number of Respondents	Percentage
1	20 - 30	5	10 %
2	30 -40	16	32 %
3	40 - 50	15	30 %
4	50 -60	6	12 %
5	60- 70	8	16 %
Total		50	100 %

The above table indicates the age distribution of the respondents. The age group divided into five categories. The age group 20-30 belongs 5(10%) of respondent, age group 30-40 belongs 16(32%) of the respondent, age group 40-50 belongs 15 (30%) of respondents, age group 50-60 belongs 6(12%) of respondent, and the age group 60-70 belongs 8(16%).

#### SEX WISE DISTRIBUTION OF RESPONDENT

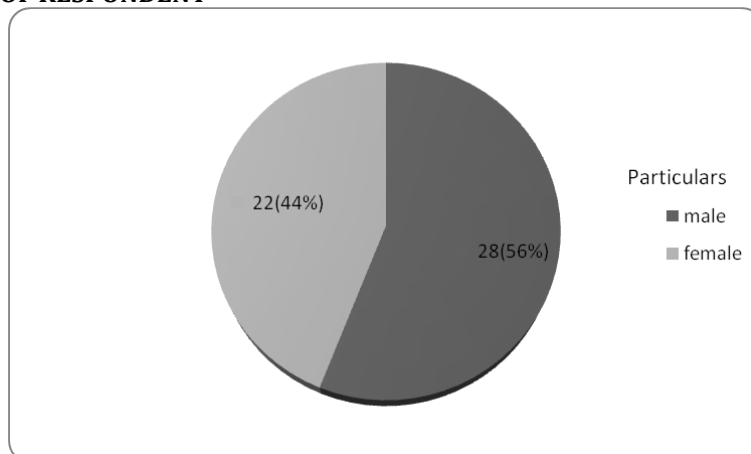


figure shows that sex distribution of respondent. The diagram represents two category that is male and female. The male group belongs to 28(56%) respondent and female 22(44%)

#### EDUCATION WISE DISTRIBUTION OF RESPONDENT

SL NO	Education Qualification	No of Respondent	Percentage
1	S.S.L.C	20	40 %
2	Plus-two/PDC	13	24 %
3	Degree/diploma	13	26 %
4	PG	4	8 %
5	Others	0	0
Total		50	100%

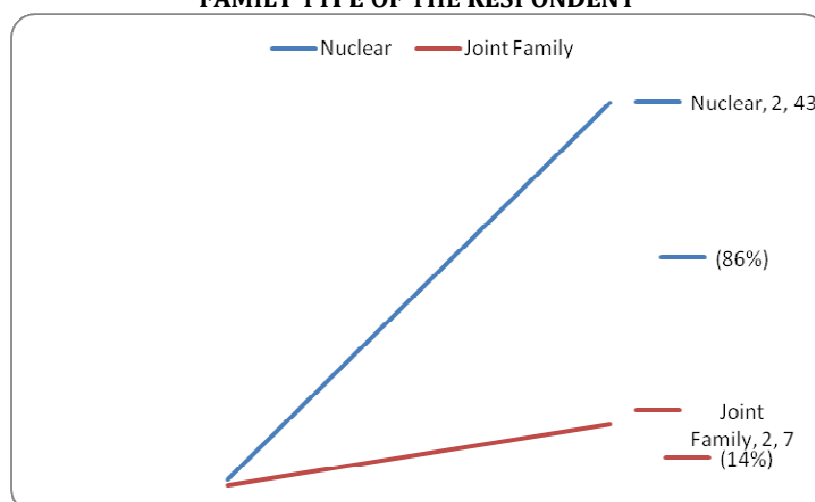
The above table reveals that 20 i.e., 40% of respondents select the option S.S.L.C, 13 i.e., 24% of respondent selected the option plus two/ PDC, 13 i.e., 24% of respondent selected the option degree/diploma, 4 i.e. 8% of respondent belongs to the PG and the last option others 0 of the respondent not response respectively. It seen that the highest 40% of the respondent belongs to the group of S.S.L.C and the lowest 8% of the respondent belongs to group PG.

#### INCOME LEVEL DISTRIBUTION OF RESPONDENT

SL No	Monthly Income	No of Respondent	Percentage
1	bellow 2000	8	16%
2	2000 - 5000	15	30%
3	5000 - 10000	18	36%
4	above 10000	8	16%
5	None	1	2%
Total		50	100%

IN the above table represented that income level distribution. It shows that occupational wise distribution. It shows that 8 i.e., 16% of respondents belongs to the bellow 2000 category, 15 i.e., 30% of respondent belongs to the 2000-5000 category, 18 i.e. 36% of respondent belongs to the 5000-10000 category, 8 i.e. 16% of respondent belongs to the above 10000 category and 1 i.e. 2% of the respondent belongs to none category respectively.

#### FAMILY TYPE OF THE RESPONDENT



The above figure indicates that type of family of the respondent. It shows that 43 i.e., 86% of respondents belongs to the bellow nuclear category, 7 i.e., 14% of respondent belongs to the joint family category

#### THE MOTIVATION FACTORS OF VOLUNTEERS

##### REASON FOR CHOOSING SERVICE SECTOR

SL NO	Particulars	No of Respondent	Percentage
1	Interest to service	39	78%
2	To experience	7	14%
3	Other's motivation	1	2%
4	Commitment to society	30	60%
5	Carrier development	1	2%
Cumulative Table			

The table shows that occupational wise distribution. It shows that 39 i.e., 78% of respondents choose the option interest to service, 7 i.e., 14% of respondent chooses the category to experience, 1 i.e., 2% of respondent choose the category other motivation, 30 i.e., 60% of respondent belongs to the commitment to society category and 1 i.e., 2% of the respondent belongs to carrier development category respectively.

It is seen that the highest 36% of respondent belongs in the private sector and the lowest 12% of respondent belongs in the 4<sup>th</sup> category

##### EXPERIENCE TO THE SERVICE SECTOR

S no	Particulars	No of respondent	percentage
1	Study about the topic	13	26%
2	Experienced	20	40%
3	Worked related religious institutions	10	20%
4	No experience	19	38%
Cumulative Table			

IN the above table shows that experience to the service sector. It shows that 18 i.e., 36% of respondents belongs to the private category, 10 i.e., 20% of respondent belongs to the government category, 9 i.e., 18% of respondent belongs to the pensioner category, 6 i.e., 12% of respondent belongs to the others category and 7 i.e., 14% of the respondent belongs to none category respectively.

It is seen that the highest 36% of respondent belongs in the private sector and the lowest 12% of respondent belongs in the 4<sup>th</sup> category.

##### WHICH TYPE OF DISEASE HAPPEN TO MEET THE FIELD

SL NO	PARTICULARS	NO OF RESPONDENT	PERCENTAGE
1	Stroke	36	72%
2	Spinal code injury	28	56%
3	Cancer	44	88%
4	Mental illness	46	92%
5	Diabetes	24	48%
6	Differentlyabled	22	44%
7	Problem of old age	42	84%
8	Hyper tension	17	34%
9	Cardio vascular	20	40%
10	Pneumonia	35	70%
11	Nephrons	36	72%
12	Peripheral vascular	20	40%
13	HIV/aids	13	26%
Cumulative Table			

The tables indicate that deals with the palliative care. It shows that 36 i.e., 78% of respondents to meet the stroke category, 28 i.e., 56% of respondent be to meet spinal code injury patients, 44 i.e., 88% of respondent to meet the cancer patient, 46 i.e., 92% of respondent to meet the mental illness patient, 24 i.e., 48% of the respondent to meet the diabetes patients. 22 i.e., 44% of respondents to meet the differently able patient, 42 i.e., 84% of respondent be to meet problem of old age, 17 i.e., 34% of respondent to meet hyper tension patient, 20 i.e., 40% of respondent to meet the cardio vascular patients, 35 i.e., 70% of the respondent to meet pneumonia, 36 i.e., 72% of respondent to meet nephrons patient, 20 i.e., 40% of respondent to meet the peripheral vascular patients, and 13 i.e., 26% of the respondent to meet the HIV/AIDS patients respectively. It is seen that the highest 92% of respondent belongs in the 4<sup>th</sup> category and the lowest 13% of respondent belongs in the 13<sup>th</sup> category

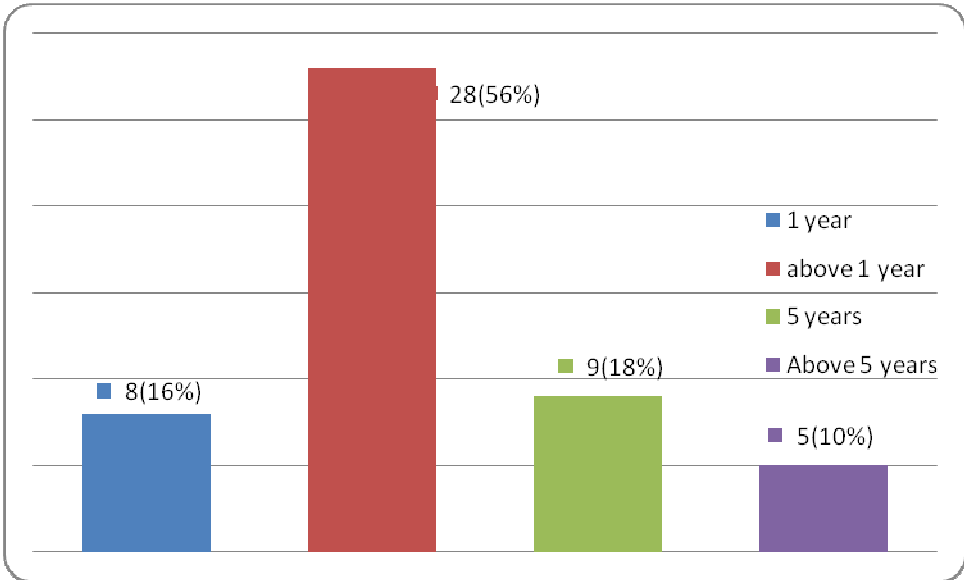
OFFERED SERVICES IN PALLIATIVE CARE

Sl no	Particulars	No of respondent	Percentage
1	Financial support	39	78%
2	Treatment support	41	82%
3	Emotional support	16	32%
4	Mental support	42	84%
5	Social support	32	64%
6	Others	10	20%
Cumulative Table			

The multiple type tables indicate that offered service of palliative care. It shows that 39 i.e., 78% of respondents respond to the first category financial support, 41 i.e.,82% of respondents respond treatment support, 16 i.e., 32% of respondents respond to emotional support, 42 i.e., 84% of respondents respond to mental support, 32 i.e.,64% of the respondent to respond social support, 10 i.e., 20% of respondents to respond others respectably.

It is seen that the highest 84% of respondent belongs in the 4<sup>th</sup> category and the lowest 13% of respondent belongs in the 13<sup>th</sup> category.

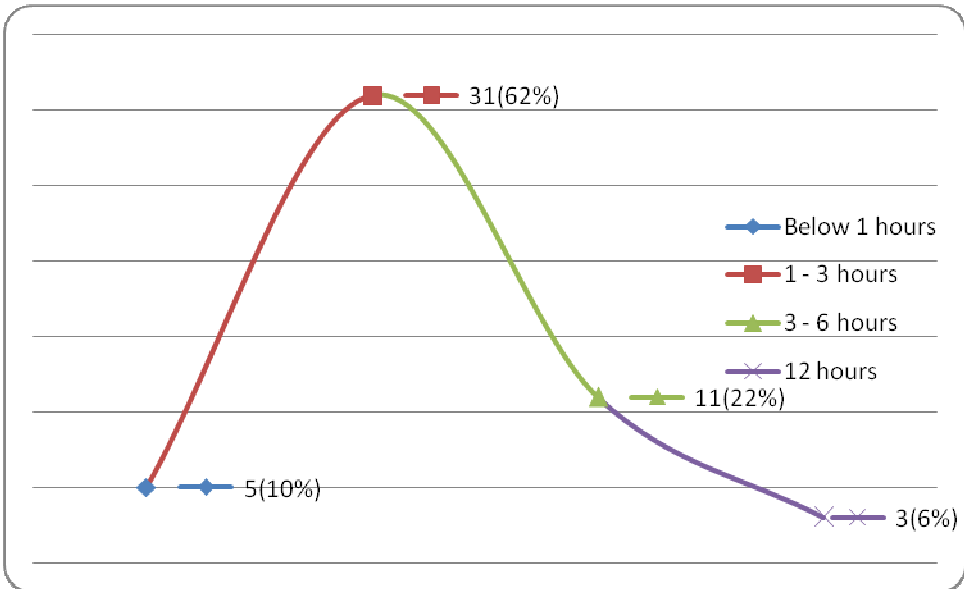
YEARS OF SERVICE IN PALLIATIVE CARE



The bar diagram indicates the of years’ service in palliative care. It shows that 8 i.e., 16% of respondents belongs to the first category one year experience, 28 i.e.,56% of respondents belong to the category above 1 years, 9 i.e. 18% of respondents belongs to the category 5 years and 5 i.e. 10% of respondents belong to category of above 5 years respectively.

It is seen that the highest 56% of respondent belongs in the above 1-year category and the lowest 10% of respondent belongs in the above 5 years category.

TIME SPEND FOR PALLIATIVE CARE SERVICES





The figure indicates the time spend for palliative care service. It shows that 5 i.e. 10% of respondents belongs to the first category below 1 hours, 31 i.e.62% of respondents belongs to the category above 1 -3 hours, 11 i.e. 22% of respondents belongs to the category 3-6 hours and 3 i.e. 6% of respondents belong to category of 12 hours respectively.

It is seen that the highest 62% of respondent belongs in the 1-3hours category and the lowest 6% of respondent belongs in the 12hours category.

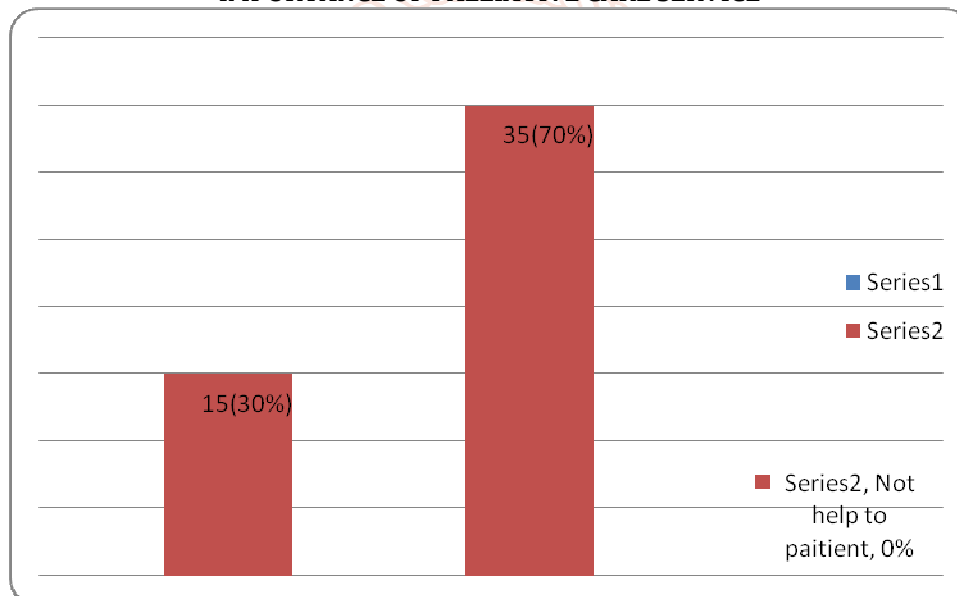
#### DIFFICULTIES FACED AT THE FIELD

SL NO	PARTICULARS	NO OF RESPONDENT	PERCENTAGE
1	Negative attitude of family	15	30%
2	Bad treatment of authority	8	16%
3	Pressure of work	7	14%
4	Lack of acquaintance	12	24%
5	No difficulties	27	54%
Cumulative Table			

The tables indicate that difficulties faced at the field. It shows that 15 i.e. 30% of respondents respond to the first category negative attitude of family, 8 i.e.16% of respondents respond the category bad treatment of authority, 7 i.e. 14% of respondents respond to the category pressure of work, 12 i.e. 24% of respondents respond to the category lack of acquaintance and 27 i.e.54% of the respondent to respond the no difficulties respectably.

It is seen that the highest 54% of respondent belongs in the 5<sup>th</sup> category no difficulties and the lowest 16% of respondent belongs in the 2<sup>nd</sup> category bad treatment of authority.

#### IMPORTANCE OF PALLIATIVE CARE SERVICE



The bar diagram indicates the importance on palliative care service. It shows that 15 i.e., 30% of respondents belongs to the category very helpful to patient, 35i.e.70% of respondents belongs to the category helpful to patient, and the respondents not respond the last category the not help to patient respectively.

It is seen that the highest 70% of respondent belongs in the very helpful to patient category and the lowest 30% of respondent belongs helpful to patient category.

#### FEELINGS TOWARDS HELPLESS PATIENTS

SL NO	PARTICULARS	NO OF RESPONDENT	PERCENTAGE
1	Feel painful	18	36%
2	They need our help	17	34%
3	Feel to do something for them	40	80%
4	Not out of any reason	1	2%

The table indicates the feeling towards helping patient. It shows that 18 i.e. 36% of respondents belongs to the category feel painful, 17i.e.34% of respondents belongs to the category they need our help, 40 i.e. 80% of respondents belongs to the category feel to do something for them and 1i.e.2% of respondents belongs to the category not out of any reason respectively.

It is seen that the highest 80% of respondent belongs in the category feel to do something for them and the lowest 2% of respondent belongs not out of any reason category.

**SKILL IMPROVED THROUGH VOLUNTARY SERVICE**

Sl no	Particulars	No of respondent	Percentage
1	Communication skill	17	34%
2	Skill of caring	37	74%
3	Skill of acceptance	41	82%
4	Skill of endurance	28	56%
5	Not out of any reason	1	2%
Cumulative Table			

The table indicates the feeling towards helping patient. It shows that 17 i.e., 34% of respondents belongs to the category communication skill, 37 i.e., 74% of respondents belongs to the category skill of caring, 41 i.e., 82% of respondents belongs to the category skill of acceptance, 28 i.e., 56% of respondents belongs to the category skill of acceptance, and 1 i.e., 2% of respondents belongs to the category not out of any reason respectively.

It is seen that the highest 82% of respondent belongs in the 3<sup>rd</sup> category skill of acceptance and the lowest 2% of respondent belongs in the 5<sup>th</sup> category not out of any reason respectively.

**SPIRITUAL REASON FOR SELECTING THE SERVICE SECTOR**

Sl. no	Particulars	No of respondent	Percentage
1	Peace of mind	29	58%
2	Become closer to God	19	38%
3	way for the salivation	7	14%
4	Blessing of God	1	2%
5	Not out of any reason	19	38%
Cumulative Table			

The table indicates the spiritual reason is selecting the service sector. It shows that 29 i.e., 58% of respondents belongs to the category peace of mind, 19 i.e., 38% of respondents belong to the category become closer to God, 7 i.e., 14% of respondents belongs to the category way for the salivation, 1 i.e., 2% of respondents belongs to blessing of God, and 19 i.e., 38% of respondents belongs to the category not out of any reason respectively.

**DISCUSSIONS**

The majority 62% of the respondent belongs to the age group of 30-50. This age period is very productive period. This time period people realize the meaning of life. The educational qualification wise distribution says that all the respondents are qualified up to matriculation level. The majority of respondent are married. The occupational wise distribution says that the majority of the respondents belongs the private job. The economic status of the respondent is upper middle- and middle-class families. The majority of nuclear family shows that the universe is following the shifting pattern of families, from joint to nuclear i.e., the universe is following the current trend in the family type. The reason for choosing service sector says that the majority of respondent's reason to choosing this field is interest to service. The volunteer is a person who performs a service willingly and without pay. The early experience towards this sector says that majority of the respondents reported that they are experience. They worked related services and religious institutions. The years of service in palliative care says that the majority of respondents reported that they are working in the field above 1 year. The time spend for palliative care service says that the majority of respondents spending 1-3 hours' time for work. The difficulties faced at the field of voluntary say that the majority of respondents reported that no difficulties facing the field. Even though majority are working they find enough time to spend with palliative care and majority of them completed more than 1 year of service. This shows their genuine self-motivation to this sort of work. The impression on palliative services says that the majority of respondent's opine that helpful to the patient. The aim of palliative care services is total care of the terminally ill people. The feeling towards helpless patients says that the majority of respondents reported that feel to do something for them. The majority of respondents come to this field by their own

interest, so we can clear that the all respondents have a mentality to help others. The spiritual reason is selecting the service sector says that the majority of respondents reported that main reason is to get peace of mind. The peace of mind is a type of spiritual concept. In spirituality and its teaching, the service is grateful thing and it is way to get God's blessing and salvation of the life.

**CONCLUSION**

Palliative care is a healthcare movement. Palliative care society is an important institution which plays an important role in their society. Palliative care is designed to meet the social, emotional, spiritual practical need of individual and families living with a life- threatening illness. Volunteers are the essential part of the palliative care system, providing comfort and support to families and their dying loved ones. Through this study the researcher finds out the factors of motivation become a volunteer and continue the field. The study was intended to understand and formulate various factors affects the level of volunteer service. The study was an eye opener to the various problems.

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